

033004 22763 U.S. PTO

05/01/03

U.S. PTO  
15364  
10812444

033004

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>		Attorney Docket No.: S-100,544 First Inventor or Application Identifier: T. Mark McCleskey Title: QUANTITATIVE METHOD OF DETERMINING BERYLLIUM OR A COMPOUND THEREOF IN A SAMPLE Express Mail Label No.: ER 311845766US	
APPLICATION ELEMENTS		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g. PTO/SB/17) (submit an original and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages: 20] <input checked="" type="checkbox"/> Descriptive title of the Invention <input type="checkbox"/> Cross References to Related Applications <input checked="" type="checkbox"/> Statement Regarding Fed sponsored R&D <input type="checkbox"/> Reference to sequence listing, a table or a computer program listing appendix <input checked="" type="checkbox"/> Background of the Invention <input checked="" type="checkbox"/> Brief Description of the Drawings (if filed) <input checked="" type="checkbox"/> Detailed Description <input checked="" type="checkbox"/> Claim(s) <input checked="" type="checkbox"/> Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawings(s) (35 U.S.C. 113) [Total Sheets: 2] <input type="checkbox"/> Formal <input checked="" type="checkbox"/> Informal 5. <input type="checkbox"/> Declaration & Power of Attorney [Total Pages: ] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 63(d) (for continuation/divisional with Box 16 completed) c. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33 (b).		6. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies): or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies <div style="text-align: center; border: 1px solid black; padding: 2px;"><b>ACCOMPANYING APPLICATION PARTS</b></div> 8. <input type="checkbox"/> Assignment Papers (cover sheet & documentation) 9. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized) 13. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 14. <input type="checkbox"/> Nonpublication Request and Certification Under 35 U.S.C. 122(b)(2)(b)(i) 15. <input type="checkbox"/> Other:	
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application S.N. ____/____. Prior application information: Examiner: _____ Group/Art Unit: _____ <p style="font-size: small;">For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>			
<b>16. CORRESPONDENCE ADDRESS</b>			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label OR <input type="checkbox"/> Correspondence Address Below <div style="font-size: 24pt; font-weight: bold; margin-top: 10px;">35068</div> <p style="text-align: center; font-style: italic;">(Insert Customer No. or Attach Bar Code Label here)</p>			
Name: Bruce H. Cottrell Address: Los Alamos National Laboratory LC/IP, MS A187 City: Los Alamos State: New Mexico Zip Code 87545 Country: United States Telephone: (505) 667-9168 Fax: (505) 665-4424			
Name (Print/Type): Bruce H. Cottrell		Registration No. (Attorney/Agent): 30,620	
Signature: <i>Bruce H. Cottrell</i>		Date: March 31, 2004	

<b>FEE TRANSMITTAL</b>				<b>Complete if Known</b>																																																																																																																																																																																																																																																																																								
<b>For FY 2004</b>																																																																																																																																																																																																																																																																																												
<small>Patent fees are subject to annual revision</small>																																																																																																																																																																																																																																																																																												
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27																																																																																																																																																																																																																																																																																												
<b>TOTAL AMOUNT OF PAYMENT: \$471</b>																																																																																																																																																																																																																																																																																												
<b>Attorney Docket No.:</b>				S-100,544																																																																																																																																																																																																																																																																																								
METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																																																																																																																																																																																																																								
1. <input checked="" type="checkbox"/> The commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: <b>12-2150</b> Deposit Account Name: Los Alamos National Laboratory <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 C.F.R. 1.16 and 1.17				<b>3. ADDITIONAL FEES</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th style="text-align: left;">Fee Code</th> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Fee Code</th> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>2051</td> <td>\$130</td> <td>\$65</td> <td></td> <td></td> <td>Surcharge – late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>2052</td> <td>\$50</td> <td>\$25</td> <td></td> <td></td> <td>Surcharge – late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>1812</td> <td>\$2,520</td> <td>1812</td> <td>\$2,520</td> <td></td> <td></td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>1251</td> <td>\$110</td> <td>2251</td> <td>\$55</td> <td></td> <td></td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>\$420</td> <td>2252</td> <td>\$210</td> <td></td> <td></td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>\$950</td> <td>2253</td> <td>\$475</td> <td></td> <td></td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>\$1,480</td> <td>2254</td> <td>\$740</td> <td></td> <td></td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>\$2,010</td> <td>2255</td> <td>\$1,005</td> <td></td> <td></td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1401</td> <td>\$330</td> <td>2401</td> <td>\$165</td> <td></td> <td></td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>1402</td> <td>\$330</td> <td>2402</td> <td>\$165</td> <td></td> <td></td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>\$290</td> <td>2403</td> <td>\$145</td> <td></td> <td></td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1452</td> <td>\$110</td> <td>2452</td> <td>\$55</td> <td></td> <td></td> <td>Petition to revive – unavoidable</td> <td></td> </tr> <tr> <td>1814</td> <td>\$110</td> <td>2814</td> <td>\$55</td> <td></td> <td></td> <td>Terminal Disclaimer</td> <td></td> </tr> <tr> <td>1453</td> <td>\$1,330</td> <td>2453</td> <td>\$665</td> <td></td> <td></td> <td>Petition to revive – unintentional</td> <td></td> </tr> <tr> <td>1460</td> <td>\$130</td> <td>1460</td> <td>\$130</td> <td></td> <td></td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>1806</td> <td>\$180</td> <td>1806</td> <td>\$180</td> <td></td> <td></td> <td>Submission of Information Disclosure Statement</td> <td></td> </tr> <tr> <td>1809</td> <td>\$770</td> <td>2809</td> <td>\$385</td> <td></td> <td></td> <td>Filing a submission after final rejection (37 CFR 1.129 (a))</td> <td></td> </tr> <tr> <td>1810</td> <td>\$770</td> <td>2810</td> <td>\$385</td> <td></td> <td></td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td></td> </tr> <tr> <td>1811</td> <td>\$100</td> <td>1811</td> <td>\$100</td> <td></td> <td></td> <td>Certificate of Correction</td> <td></td> </tr> <tr> <td>1504</td> <td>\$300</td> <td>1504</td> <td>\$300</td> <td></td> <td></td> <td>Publication fee for early, voluntary, or normal publication</td> <td></td> </tr> <tr> <td>1801</td> <td>\$770</td> <td>2801</td> <td>\$385</td> <td></td> <td></td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td colspan="7" style="padding: 5px;">Other fee (specify) _____</td> <td></td> </tr> <tr> <td colspan="7" style="text-align: right; padding: 5px;"><b>SUBTOTAL (3)</b></td> <td style="text-align: right; padding: 5px;"><b>\$0</b></td> </tr> <tr> <td colspan="7" style="padding: 5px;">Reduced by Basic Filing Fee Paid</td> <td></td> </tr> <tr> <td colspan="7" style="text-align: right; padding: 5px;"><b>SUBTOTAL FROM 1</b></td> <td style="text-align: right; padding: 5px;"><b>\$385</b></td> </tr> <tr> <td colspan="7" style="text-align: right; padding: 5px;"><b>SUBTOTAL FROM 2</b></td> <td style="text-align: right; padding: 5px;"><b>\$86</b></td> </tr> <tr> <td colspan="7" style="text-align: right; padding: 5px;"><b>SUBTOTAL FROM 3</b></td> <td style="text-align: right; padding: 5px;"><b>\$0</b></td> </tr> <tr> <td colspan="7" style="text-align: right; padding: 5px;"><b>TOTAL AMOUNT OF PAYMENT</b></td> <td style="text-align: right; padding: 5px;"><b>\$471</b></td> </tr> </tbody> </table>		Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	1051	2051	\$130	\$65			Surcharge – late filing fee or oath		1052	2052	\$50	\$25			Surcharge – late provisional filing fee or cover sheet		1812	\$2,520	1812	\$2,520			For filing a request for reexamination		1251	\$110	2251	\$55			Extension for reply within first month		1252	\$420	2252	\$210			Extension for reply within second month		1253	\$950	2253	\$475			Extension for reply within third month		1254	\$1,480	2254	\$740			Extension for reply within fourth month		1255	\$2,010	2255	\$1,005			Extension for reply within fifth month		1401	\$330	2401	\$165			Notice of Appeal		1402	\$330	2402	\$165			Filing a brief in support of an appeal		1403	\$290	2403	\$145			Request for oral hearing		1452	\$110	2452	\$55			Petition to revive – unavoidable		1814	\$110	2814	\$55			Terminal Disclaimer		1453	\$1,330	2453	\$665			Petition to revive – unintentional		1460	\$130	1460	\$130			Petitions to the Commissioner		1806	\$180	1806	\$180			Submission of Information Disclosure Statement		1809	\$770	2809	\$385			Filing a submission after final rejection (37 CFR 1.129 (a))		1810	\$770	2810	\$385			For each additional invention to be examined (37 CFR 1.129(b))		1811	\$100	1811	\$100			Certificate of Correction		1504	\$300	1504	\$300			Publication fee for early, voluntary, or normal publication		1801	\$770	2801	\$385			Request for Continued Examination (RCE)		Other fee (specify) _____								<b>SUBTOTAL (3)</b>							<b>\$0</b>	Reduced by Basic Filing Fee Paid								<b>SUBTOTAL FROM 1</b>							<b>\$385</b>	<b>SUBTOTAL FROM 2</b>							<b>\$86</b>	<b>SUBTOTAL FROM 3</b>							<b>\$0</b>	<b>TOTAL AMOUNT OF PAYMENT</b>							<b>\$471</b>	<b>2. EXTRA CLAIM FEES</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Total Claims</th> <th style="text-align: left;">19 – 20** =</th> <th style="text-align: left;">0 X</th> <th style="text-align: left;">0 =</th> <th style="text-align: left;">0</th> </tr> </thead> <tbody> <tr> <td>Independent Claims</td> <td>5 – 3** =</td> <td>2 X</td> <td>43 =</td> <td>86</td> </tr> <tr> <td>Multiple Dependent Claims</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see below</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th style="text-align: left;">Fee</th> <th style="text-align: left;">Fee</th> <th style="text-align: left;">Fee Description</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>\$18</td> <td>2202</td> <td>\$9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>\$86</td> <td>2201</td> <td>\$43</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>\$290</td> <td>2203</td> <td>\$145</td> <td>Multiple dependent claim, if not paid.</td> </tr> <tr> <td>1204</td> <td>\$86</td> <td>2204</td> <td>\$43</td> <td>** Reissue independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>\$18</td> <td>2205</td> <td>\$9</td> <td>** Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table> <p style="text-align: right; padding: 5px;"><b>SUBTOTAL (2) \$86</b></p>		Total Claims	19 – 20** =	0 X	0 =	0	Independent Claims	5 – 3** =	2 X	43 =	86	Multiple Dependent Claims					Large Entity	Small Entity	Fee	Fee	Fee Description	1202	\$18	2202	\$9	Claims in excess of 20	1201	\$86	2201	\$43	Independent claims in excess of 3	1203	\$290	2203	\$145	Multiple dependent claim, if not paid.	1204	\$86	2204	\$43	** Reissue independent claims over original patent	1205	\$18	2205	\$9	** Reissue claims in excess of 20 and over original patent
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid																																																																																																																																																																																																																																																																																					
1051	2051	\$130	\$65			Surcharge – late filing fee or oath																																																																																																																																																																																																																																																																																						
1052	2052	\$50	\$25			Surcharge – late provisional filing fee or cover sheet																																																																																																																																																																																																																																																																																						
1812	\$2,520	1812	\$2,520			For filing a request for reexamination																																																																																																																																																																																																																																																																																						
1251	\$110	2251	\$55			Extension for reply within first month																																																																																																																																																																																																																																																																																						
1252	\$420	2252	\$210			Extension for reply within second month																																																																																																																																																																																																																																																																																						
1253	\$950	2253	\$475			Extension for reply within third month																																																																																																																																																																																																																																																																																						
1254	\$1,480	2254	\$740			Extension for reply within fourth month																																																																																																																																																																																																																																																																																						
1255	\$2,010	2255	\$1,005			Extension for reply within fifth month																																																																																																																																																																																																																																																																																						
1401	\$330	2401	\$165			Notice of Appeal																																																																																																																																																																																																																																																																																						
1402	\$330	2402	\$165			Filing a brief in support of an appeal																																																																																																																																																																																																																																																																																						
1403	\$290	2403	\$145			Request for oral hearing																																																																																																																																																																																																																																																																																						
1452	\$110	2452	\$55			Petition to revive – unavoidable																																																																																																																																																																																																																																																																																						
1814	\$110	2814	\$55			Terminal Disclaimer																																																																																																																																																																																																																																																																																						
1453	\$1,330	2453	\$665			Petition to revive – unintentional																																																																																																																																																																																																																																																																																						
1460	\$130	1460	\$130			Petitions to the Commissioner																																																																																																																																																																																																																																																																																						
1806	\$180	1806	\$180			Submission of Information Disclosure Statement																																																																																																																																																																																																																																																																																						
1809	\$770	2809	\$385			Filing a submission after final rejection (37 CFR 1.129 (a))																																																																																																																																																																																																																																																																																						
1810	\$770	2810	\$385			For each additional invention to be examined (37 CFR 1.129(b))																																																																																																																																																																																																																																																																																						
1811	\$100	1811	\$100			Certificate of Correction																																																																																																																																																																																																																																																																																						
1504	\$300	1504	\$300			Publication fee for early, voluntary, or normal publication																																																																																																																																																																																																																																																																																						
1801	\$770	2801	\$385			Request for Continued Examination (RCE)																																																																																																																																																																																																																																																																																						
Other fee (specify) _____																																																																																																																																																																																																																																																																																												
<b>SUBTOTAL (3)</b>							<b>\$0</b>																																																																																																																																																																																																																																																																																					
Reduced by Basic Filing Fee Paid																																																																																																																																																																																																																																																																																												
<b>SUBTOTAL FROM 1</b>							<b>\$385</b>																																																																																																																																																																																																																																																																																					
<b>SUBTOTAL FROM 2</b>							<b>\$86</b>																																																																																																																																																																																																																																																																																					
<b>SUBTOTAL FROM 3</b>							<b>\$0</b>																																																																																																																																																																																																																																																																																					
<b>TOTAL AMOUNT OF PAYMENT</b>							<b>\$471</b>																																																																																																																																																																																																																																																																																					
Total Claims	19 – 20** =	0 X	0 =	0																																																																																																																																																																																																																																																																																								
Independent Claims	5 – 3** =	2 X	43 =	86																																																																																																																																																																																																																																																																																								
Multiple Dependent Claims																																																																																																																																																																																																																																																																																												
Large Entity	Small Entity	Fee	Fee	Fee Description																																																																																																																																																																																																																																																																																								
1202	\$18	2202	\$9	Claims in excess of 20																																																																																																																																																																																																																																																																																								
1201	\$86	2201	\$43	Independent claims in excess of 3																																																																																																																																																																																																																																																																																								
1203	\$290	2203	\$145	Multiple dependent claim, if not paid.																																																																																																																																																																																																																																																																																								
1204	\$86	2204	\$43	** Reissue independent claims over original patent																																																																																																																																																																																																																																																																																								
1205	\$18	2205	\$9	** Reissue claims in excess of 20 and over original patent																																																																																																																																																																																																																																																																																								
SUBMITTED BY				Complete (if applicable)																																																																																																																																																																																																																																																																																								
Printed Name: Bruce H. Cottrell				Reg. No. 30,620																																																																																																																																																																																																																																																																																								
Signature:				Date: 03/30/04																																																																																																																																																																																																																																																																																								
				Telephone (505) 667-9168																																																																																																																																																																																																																																																																																								